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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

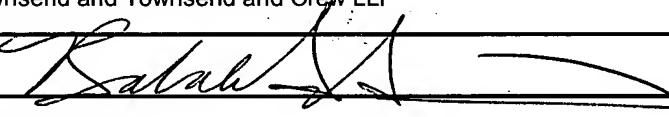
		Application Number	10/792,042
		Filing Date	March 2, 2004
		First Named Inventor	May, Roger
		Art Unit	2818
		Examiner Name	
Total Number of Pages in This Submission	5	Attorney Docket Number	15114H-072200US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, Supplemental Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Babak S. Sani		
Date	2/7/05	Reg. No.	37,495

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	D. Bullock	Date
60414499 v1		2/7/05



Application Data Sheet

Application Information

Application number:: 10/814,949
Filing Date:: 03/30/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)::
Number of copies of CRF::
Title:: MICROPROCESSOR SYSTEM
Attorney Docket Number:: 15114H-073800US
Request for Early Publication:: No
Request for Non-Publication:: Yes
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Crosland
Name Suffix::
City of Residence:: Hadeddenham, Aylesbury
State or Province of Residence::
Country of Residence:: United Kingdom
Street of Mailing Address:: 31 The Cables
City of Mailing Address:: Hadeddenham, Aylesbury
State or Province of mailing address::
Country of mailing address:: United Kingdom
Postal or Zip Code of mailing address:: HP17 8AD

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: James
Middle Name::
Family Name:: Tyson
Name Suffix::
City of Residence:: Brunham, Slough
State or Province of Residence::
Country of Residence:: United Kingdom
Street of Mailing Address:: 54 Dropmore Road
City of Mailing Address:: Brunham, Slough
State or Province of mailing address::

Country of mailing address:: United Kingdom
Postal or Zip Code of mailing address:: SL1 8AN

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Brazil
Status:: Full Capacity
Given Name:: Fabio
Middle Name:: Petrassem
Family Name:: de Sousa
Name Suffix::
City of Residence:: High Wycombe
State or Province of Residence::
Country of Residence:: United Kingdom
Street of Mailing Address:: 50 Miersfield
City of Mailing Address:: High Wycombe
State or Province of mailing address::
Country of mailing address:: United Kingdom
Postal or Zip Code of mailing address:: HP11 1TY

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Draper
Name Suffix::
City of Residence:: Chesham, Buckinghamshire
State or Province of Residence::
Country of Residence:: United Kingdom
Street of Mailing Address:: 19 Queens Road
City of Mailing Address:: Chesham, Buckinghamshire

State or Province of mailing address::

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: HP5 3AE

Correspondence Information

Correspondence Customer Number:: 2065926059

Representative Information

Representative Customer Number:: 2065926059

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Altera Corporation

Street of mailing address:: 101 Innovation Drive

City of mailing address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 95134